POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		
Application Number	10/719,547	
Filing Date	November 21, 2003	
First Named Inventor	Stephen S. Whitehead	
Title	DEVELOPMENT OF MUTATIONS USEFUL FOR ATTENUATING DENGUE	
Art Unit		
Examiner Name		
Attorney Docket No.	84405(47992)	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

46037

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

46037

OR

☒ Firm or Individual Name

Peter F. Corless
EDWARDS ANGELL PALMER & DODGE LLP

Address	P.O. Box 55874					
City	Boston	State	MA	Zip	02205	
Country	US	Telephone	(617) 239-0100	Email	pcorless@eapdlaw.com	

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record			
Signature	/Peter F. Corless/	Date	September 11, 2009
Name	Peter F. Corless	Telephone	(617) 517-5557
Title and Company	Attorney for Assignee		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of ___1___ forms are submitted.